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ABSTRACT

The Parent Group Development Program was established to provide information and support for parents with developmental disabilities. Parent group activities focused on offering information about child development (through a guessing game in which behavior was matched to one of four age groups) and meal planning and budgeting (with a task that called for group preparation of a luncheon for themselves). Group activities were also designed to enhance self esteem through a project in which mothers' portraits were taken and related feelings discussed. Less successful activities centered on stress reduction and child discipline, both of which used highly structured role playing techniques. Implications for instructional development for this group include emphasis on concrete aspects, and attention to issues of confidentiality. (CL)

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GROUPS FOR PARENTS WITH DEVELOPMENTAL DISABIILTIES

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INTRODUCTION

Parents generally are highly motivated to seek different sources of practical information and social-emotional support to help them feel satisfied that they are adequately fulfilling their role as parents to their children. It should be no surprise that parents with developmental disabilities also have a strong interest in acquiring information and support to help them in fulfilling their role as parents. We know today that countless books, pamphlets, brochures, parent education courses, and support groups are readily available in most communities to parents. But what we do not know is how many parents with developmental disabilities cannot make use of printed parent education material because of the reading level required for comprehension. Nor do we know to what extent they are excluded from parent education courses and support groups by reason of their handicap.

In this past decade several projects have been funded to address the information and support needs of parents with developmental disabilities. First, parent education curricula and training materials have been developed, and we now see the availability of products from these projects (Andron and Tymchuk, 1983; and Madsen, 1979). Second, two projects have developed training programs and materials to prepare tutors (Project PALS) and home visitors (Project ESPRIT) to help parents individually in various aspects of parenting (Project PALS, 1982; and Sherman and Flory, 1981). Third, the experiences of social group workers to provide support groups for parents with disabilities are now being reported (Rosenberg and McTate, 1982).

This paper reports on the experiences of one project in Syracuse, New York to develop a parent group program for mothers with developmental disabilities. Several of the group activities developed and tested in this project are the

special focus of this report. Presented here are the plans developed for group activities centering on the topics of: child development information, meal planning and budgeting, self-esteem, stress management, and discipline. Following the presentation of each activity plan is a discussion of its implementation and an evaluation of its impact on the mothers. In the conclusion of this paper, several concerns about future developments of parent groups for persons with disabilities are discussed.

BACKGROUND OF PARENT GROUP DEVELOPMENT PROJECT

In October, 1981 The Salvation Army of Syracuse and Syracuse University were funded by the Administration for Children, Youth and Families, HHS, to assess the parent education and child development information needs of parents with developmental disabilities. The Parent Group Development Program, described in this paper, had as its primary goal the design of a program which would include 1) educational goals for parents and their children, 2) an organizational framework for parent group activities, 3) a sequential plan of weekly parent group meeting activities, and 4) a method of assessing parents and group progress in achieving program goals. The overall strategy conceived for the design of the program was a three phase process of parent group observation and study first, followed by a program design phase, and last a pilot implementation and program refinement phase.

First, it is important to describe the parents, or clients of the Salvation Army, Family Service Department parent groups, and point out how and why they are described here as developmentally disabled. The term, developmental disability, was used in a hueristic manner in this project to cover the kinds of deficits the parents have in intellectual, emotional and social functioning. These deficits were observable to the staff of the Family

Service Department through their contacts with the parents in individual counseling and group meetings. The parents in the groups were referred by other family service agencies in Syracuse which recognized the Salvation Army's success in working with parents with observable intellectual and emotional deficits. Some of the parents came to the Salvation Army with histories of institutionalization, both mental health and developmental, and with labels of mental retardation and psychopathology. It should be made clear that while some parents came with mental health labels, they did not come with records containing psychometric tests results or clinical assessments of intellectual functioning. Thus, the term, developmental disability, was used by the Family Service Department in reference to only observable deficits in the parents' intellectual, emotional and social functioning.

Examples of these observable deficits can be briefly described here. In intellectual functioning the parents showed limitations in language and learning skills. Reading food recipes and writing simple notes, for example, are difficult tasks for most of the parents. Limited arithmetic, addition and subtraction beyond two digits, was demonstrated in handling money and family budgets. Learning skills are not fully developed as evidenced by a short attention span and difficulty in applying learning achieved in group activities to home situations.

Emotional immaturity is also commonly associated with intellectual deficits. Some of the mothers often displayed impulsivity in group meetings, such as in "hitting" during aggressive communications with other mothers. Excessive egocentricity of some mothers was evident in group dynamics when mothers competed for attention and praise from the group leaders. Dependence on authority was illustrated by some parents who wanted continuous directions and commands for appropriate behavior from the group leaders. Low self-esteem

and poor self-image of the parent were observable in the mothers' questions about themselves to group leaders, such as "Am I retarded?", or "Am I pretty?"

Regarding deficits in social skills, two examples of problems faced by the parents are managing time and handling money. Appointments with doctors and meetings with social agencies are difficult for them to keep. Shopping without enough money frequently results in embarrassing situations at retail stores. They are generally socially isolated, that is, rejected by extended family members and neighbors. Their homes are located in declining neighborhoods with high crime rates. These factors combined with poor social skills make family and personal crises a part of everyday life.

A description of the parents is unjustly incomplete without pointing out their strengths as parents and clients of The Salvation Army. First a determination to raise their child(ren) and to pull together a family life was clearly demonstrated in both words and actions. Rarely were attitudes of indifference shown. Second, high aspirations for their children, socially and educationally, and high concern for their child(ren)'s health and safety were often expressed. Last and most encouraging was the general cooperativeness of the mothers in working with the family service group leaders.

PARENT GROUP ACTIVITIES

Child development information exercise. The objective we wanted to achieve with this common topic of parent education was to structure a group activity in which the mothers could directly participate in a process of identifying different types of children's behavior with particular stages of child development. The mothers' need for such an exercise was evident from their expressed concerns about punishing their child for inappropriate

behavior. The group leaders, knowing the ages of their mothers' children could conclude that some of the mothers had unrealistic expectations for different aspects of their child's behavior, such as physical motor development, language, eating and sleeping behavior, ability to dress themselves, to become toilet trained and to relate to other children.

However, the group leaders also knew that the mothers were very sensitive to being told by them directly that their decision to punish their child was inappropriate for the child's stage of development. This was one reason why we wanted to avoid a didactic approach to presenting child development information. It was also felt that the mothers' involvement in a game which was entertaining would facilitate learning by increasing their attention and memory. Most of parent education teaching material we reviewed on child development was written for parents with elementary reading skills. Thus simply handing out information and then trying to discuss it was considered unworkable with our mothers.

After a couple of productive brainstorming sessions we devised a scheme for a sort of group "guessing game" of matching children's behavior to four children's age groups: infants, toddlers, preschool children and primary school children. We found the perfect educational material for creating the guessing game from a publication of the Head Start Bureau called "Picturing Development" (U.S. Dept. of Health and Human Services, 1978). This publication, like its title says, contains pictures, or clear graphic illustrations, of childrern's behavior typical for each of the four age groups of child development, mentioned above. Different aspects of children's behavior were represented in the illustrations according to the following categories: control of body, control of arms and legs, self-awareness, language, eating, sleeping, toilet training, dressing, games, and relating to

children.

The "guessing game" was structured as follows. A sample of the pictures, depicting different child behavior for the different age groups, were cut out from the publication and coded for the age group they came from in the publication. Next, four pieces of flip chart paper, with the names of the four age groups printed across the top were taped to one wall of the meeting room in the order of the age groups of development. The sample of cut out pictures were mixed up and placed in the center of the meeting table. The group leader then introduced the purpose of the game. The mothers, individually, in pairs, or as a group, were to discuss and decide where each picture of a child's behavior should be placed on the four sheets representing the different age groups. During this process, the group leader facilitated discussion of each picture by asking the mothers to recall instances of their own child's development. After all the pictures had been discussed and placed on the sheets, the group leader proceeded to decode each picture of children's behavior according to its appropriate stage of development according to the publication. The correct answers were presented as the opinions of child development experts. The group leader was to play a critical role of applauding the mothers for their correct decisions in placing the pictures and as well to help them interpret the incorrect placements of pictures. The leader was also to discuss what implications the mistakes had for punishing children for inappropriate behavior.

The "game-like" approach to the subject of child development was well received by the mothers. After the purpose was explained, the mothers chose to work in pairs in deciding where each of the pictures should be placed. Only one mother protested about the need for a game - she just wanted the information directly. Some of the mothers tried to guess the appropriate

placement by looking only at the size of the child in the picture rather than focusing on the child's behavior represented in the picture. When the group leader decoded the pictures, applauding the correct placements and discussing the incorrect ones, the mothers on several occasions seemed to enjoy disagreeing with the experts about what their child can or cannot do. Interestingly, the disagreements largely centered on parent's beliefs that behavior appropriate for a preschool or school age child, such as tying shoe laces, was possible for their child who is a toddler. We found that the overall pattern of mistakes of the mothers in placing the pictures was to have appropriate behaviors of older children associated with the age categories of younger children. This pattern supports the hypothesis that the mothers have unrealistic expectations for the pace and timing of their child's development. When the mothers were asked what they learned from the game, their responses were generally that they had learned something about specific behavior problems they were having with their child. One mother concluded that it is not easy to know what children should and shouldn't be doing at certain ages.

Meal planning and budgeting. For this group activity, the purpose was to give the mothers an opportunity to acquire information about nutrition and food consumer tips while at the same time being able to practice food budgeting, grocery shopping, and meal planning and preparation. We approached this objective by constructing a three week task-oriented group project which followed a logical sequence of tasks necessary for the group to prepare a meal or luncheon for themselves as a group. The task sequence is outlined as follows:

First Week:

1. The group leader explains to the mothers the luncheon planning and preparation project.

2. Group leaders facilitate a discussion about choices of foods for the luncheon, making references to nutrition and food group charts placed on the walls of the meeting room. Handouts from Cooperative Extension are to be used.

3. The mothers must first decide as a group on the menu for the luncheon.

4. After the menu is selected, the group must identify the food items and the quantity to be purchased (i.e. make up a shopping list). Group leaders assist if necessary in writing the basic words of the shopping list. Group leaders also initiate discussion about tips for getting the best bargains on the food items in the list, and for using food coupons to save money.

Second Week:

1. The group takes a field trip to a grocery store where a tour of the store by the manager has been prearranged. The manager is requested to provide an orientation to different parts of his store, to explain unit pricing, to point out his display of weekly bargains.

2. After the tour the group members proceed with a shopping cart to go through the aisles of the store to pick out and make choices of the food items on their shopping list. The group leader mediates decisions about which brands to buy and monitors the adding up of the grocery bill.

3. After purchasing the food the group returns to the agency where the food is stored in the agency's kitchen pantry and refrigerator until the next week's meal preparation. In the kitchen the group leader initiates a discussion about techniques of wrapping and storing food. The mothers are encouraged to demonstrate to each other proper wrapping and storage in the refrigerator.

Third Week:

1. The group leader assists the group members in taking the food purchased out of storage and in organizing the tasks of preparing the food for the luncheon.

2. After completing the meal preparation, the entire group and group leaders sit down together to enjoy the meal and discuss what they liked and learned from the entire project.

The implementation of this three week schedule of activities had both high and low points. The apparent outcomes of the project for the mothers also varied from enriching to alienating. However, in another respect, it was evident that the project had contributed to the mothers' development as a group.

We observed in the first week that the mothers immediately took a keen interest in the task of planning a luncheon and choosing foods from the major nutritional groups in order to have a balanced meal. Group leaders had no difficulty in getting mothers to participate in making suggestions for the meal and in sharing their knowledge of good food consumer practices. However, in

one of the mothers' groups, voting was used to decide what food would be included in the luncheon. One mother's suggestions were voted out by other group members. Consequently, she threatened to bring her own lunch if she could not have what she wanted included in the menu. The result of this was that she did not attend group the next two weeks, missing out on the entire group project. About a month later in a private conversation with one of the group leaders this mother expressed her hurt feelings from this activity because her suggestions had not been accepted by the group. She was still angry about it.

The significance of this one mother's feelings to the implementation of the activity is that it illustrates the sensitive group dynamics which can take place in the process of group problem-solving. In this case the efficiency of vote-taking by the group helped to reach a quick decision but at the same time did not allow members with minority suggestions to feel that they had been heard. The group leader can minimize the possibility of individual group members being alienated from the decision-making process and going into flight from the group by facilitating group discussion such that a consensus among group members is achieved rather than a simple vote. Minority suggestions should be thoroughly discussed and incorporated at least in part into the final decision. In this way, the task itself can be guided by group leaders to further the mothers development as a group.

The field trip to a grocery store in the second week was evaluated as successful due primarily to the fortunate sensitivity and genuine concern of the store manager selected for the activity. He provided the mothers with a clear and informative orientation to his store. Since most of the mothers in the group shopped regularly in his store, he was able to easily hold their attention and bring out their questions. He also offered concrete suggestions

of how they can stretch their food dollar by purchasing separate ingredients for a meal rather than buying pre-cooked and pre-mixed cans or fozen packages of the same meal.

The last week of the project, which included preparation of the meal, social enjoyment of the luncheon, and discussion of the overall project, had its ups and downs in this case. Most of the problems encountered were purely of a logistical nature. The setup of the kitchen facilities in the agency was inadequate for structuring a smooth and cooperative arrangement for each mother to participate in some aspect of the meal preparation. Group leaders ended up taking over major aspects of the meal preparation to save time, but consequently reduced the mothers sense of ownership of the final outcome of the project. Attempts to initiate a discussion at the luncheon about the significance of the project proved unsuccessful. Although this last phase of the project ended on a low point, it reinforced the importance of planning carefully the resources needed to structure a positive and rewarding learning experience for the mothers. If one phase is poorly implemented it can throw the entire project and it's objectives off course. We offer this narrative as a cautionary tale to others interested in replicating it.

Self-esteem enhancement. Two objectives were central to this sequence of three group meetings. First, we wanted the mothers to have an opportunity to reflect on the meaning of self-esteem, to discuss different aspects of it, and to assess their own strengths and weaknesses regarding feelings of self-esteem. Second, we wanted the mothers to directly experience self-esteem enhancement and be able to reflect upon it. The first objective was approached by designing a personal self-esteem inventory and group discussion exercise; and the second objective was achieved by adapting the art therapy technique of photographic self-portraits (Stewart, 1979; and Hogan, 1981).

The self-esteem inventory and discussion exercise was planned for one week's activity. In constructing the inventory, a series of positive and negative statements about self-esteem were selected from published self-esteem measurement scales (Robinson and Shaver, 1969) and reworded in order to be understood by the mothers. A mixture of items from these scales were taken to represent the different self-esteem concepts of internal and external locus of control. The internal locus of control relates to those feelings that a person has about him/herself in any given situation. An example of such a statement used in the inventory was: "I feel I have good qualities." The external locus of control refers to those feelings about oneself in relation to others and to events in one's life. To represent this concept in the inventory we used such statements as: "When I'm in a group I usually don't say much because I'm afraid of saying the wrong thing," and "Do you feel that you are the kind of person who gets his share of bad luck, or do you feel that you have mostly good luck?" A total of twelve statements made up the entire inventory. A response checklist form was designed so that each mother could mark with a check whether she agreed or disagreed with the statement as it applied to herself.

The group leader's role in this exercise was first to introduce the topic of self-esteem and explain the inventory procedures to the mothers. The leader then read each statement and facilitated a discussion around each statement before going on to the next item. In this way the mothers had the opportunity to reflect on each statement's meaning and then mark their answer. After all twelve items had been read and discussed, the mothers were helped in adding up the number of positive and negative statements of self-esteem on their response sheet. A discussion followed about the meaning of these scores for indicating strengths and weaknesses of personal self-esteem.

Our evaluation of the self-esteem inventory and discussion exercise concluded that the statements were primarily helpful for facilitating a discussion about the mothers' feelings of self-esteem. For several of the statements, the mothers were able to express how they could relate their feelings and experiences to the message about self-esteem in the statements. However, at other points during the discussion it was evident that one or two mothers were responding in only a concrete manner to more psychological terms in the statements and had missed the abstract meaning of the statement. For example, feeling good about yourself was interpreted as "not being sick," or "feeling good or healthy today." In this example and others it was clear that the abstractness of the concept of self-esteem was not getting communicated and perhaps was inappropriately presented to the mothers. For other mothers in the group their interest or enthusiasm for discussing self-esteem was observed to be not as high as compared to the more concrete activities such as the meal planning activity previously described. We felt this was possibly related to an uncomfortableness of the mothers in disclosing feelings about themselves to others in group. A sufficient level of mutual trust had not been established at this point in time in the group.

The self-esteem inventory and discussion was intended to set the ground work for the next week's activity of the photographic self-portrait. We wanted to communicate the idea to the mothers that high self-esteem or "feeling good about yourself" is not something that happens to you, but it is something you can affirm for yourself. It is all right to speak, act, and do things for yourself that will make you feel good about yourself. As Blum and Blum (1981) so aptly said, "Self-esteem involves a process of learning how to give yourself approval..." Our objective in this part of the activity was to offer the mothers an opportunity to have their photograph taken in a studio-like setting.

The plan of the activity was for the idea to be introduced to the mothers at the next meeting and for the group leaders to facilitate a discussion about how the mothers want to prepare themselves for the photographs. Each mother would have a chance to think about the following questions. What favorite dress she will wear? What make-up she will want? How she will fix her hair? Make-up kits contributed to the agency were made available to the mothers. Also, this preparatory discussion would enable group leaders to identify and reassure mothers who might be initially uncomfortable or shy about having their picture taken. The next week the photographer (in this case, the author) would come to group to take each mother's picture, taking about four different poses. The portrait photography technique of using natural sunlight from a window to produce flattering shadows across a person's face was an inexpensive alternative to setting up a portrait studio. A separate room in the agency, away from the group meeting room, was set up so that each mother would not feel self-conscious by having other mothers looking on. While each mother was being photographed, the other mothers were involved in a craft activity of making a simple frame to put their photograph in. The objective here was to stress the significance of showing your photographic portrait to others. The group leader's role was to steer a discussion among the mothers as to where in their house they would place their portrait and frame. Also, the discussion would focus on who they would want to show it to first and foremost. At the next meeting, each mother would receive the four different photographs of their poses and then each would select the one photograph she liked most to be placed in her frame. The group leader during this time would be facilitating a discussion around such questions as, What I like about myself in this photograph? What was enjoyable about having my photograph taken? What was uncomfortable?

Overall, the execution of this combined photography and craft acitvity was not difficult to manage, and the costs of frame materials, rolls of film, and film development ($30.00 approximate) were justified considering what we observed as positive outcomes for the mothers. First, the mothers took easily to the idea of having their photograph taken and they seemed to enjoy the personal attention related to discussing preparations for the following week's photograph. On the day of the photograph-taking, it was apparent that most of the mothers had made a considerable effort at home to make themselves attractive. It was turning out to be an important occasion for many of the mothers. Some were a little nervous and uncomfortable about posing. One mother was particularly self-conscious of her looks. She had obviously internalized perceptions of herself as ugly and "funny-looking." While posing she expressed her pessimism (more than sheer modesty) about how she would look in the photographs. The photographer in this situation had to be sensitive to her anxiety and had to be overly reinforcing and complimentary during the posing.

The following week when the mothers received their photographs the group dynamics were most interesting. The mothers seemed to enjoy choosing among their photographs, and most had no inhibitions about showing them to the other mothers. In one case however, a mother looked at her photographs and quickly put them all back in the envelope and sat silently with a sad look on her face. Interestingly, one of the other mothers noticed this and in a firm but affectionate manner, took her envelope, opened it, looked at her pictures, picked one out, and said bluntly and reassuredly, "Oh, I like this one of you!" This gesture of social support immediately brought a smile to the dejected mother and she then joined the other mothers in discussing each others' photographs and showing them around. This incident demonstrated to us the

emotional delicacy of this type of group activity for some participants and signified the importance for group leaders to be attentive to each mother's response to viewing their photographs. Making sure that each mother is able to affirm positive self-esteem from one of her photographs is crucial to the success of the activity. Otherwise, the photographic self-portrait exercise could backfire and only serve to further confirm for some mother her already hardened feelings of low self-esteem.

Evaluation of other parent group activities. Two other group activities we tried, but with less significant results, centered on the topics of stress management and disciplining children. Our experience of trying to introduce the topic of stress to the mothers and to teach them techniques of stress reduction taught us more about the limitations of presenting abstract ideas to the mothers. In a similar way, our attempts to apply role-playing techniques to the topic of discipiline told us more about how the mothers respond to this type of learning tool.

In the case of stress management, we planned a group meeting in which an outside speaker introduced the concept of stress in simple anecdotal terms. He then asked the mothers to share their personal experiences of when they felt stress and how it affected them physically. For the rest of the meeting he introduced several stress reducing exercises, breathing, progressive relaxation, sensory awareness, and stretching. Overall the mothers did not have any difficulty relating to the group what they thought were stressful events in their lives. What was more difficult was linking the stressful events to physical symptoms of stress, such as headaches, abdominal pains, and muscular tension. Without a clear understanding of a cause and effect relationship between stress and physical problems the mothers, then, could not see the significance of the stress reduction exercises. A self-consciousness

about their body and doing the exercises together as a group inhibited the mothers participation. For the other mothers who tried the exercises it was doubtful whether they want to try them again at home. The group leaders tried to reinforce the exercises in subsequent meetings by suggesting that the meetings begin with everybody doing the exercises, but enough of the mothers protested and refused to participate so that the idea was dropped. Although our experiment in teaching stress reduction to the mothers did not have immediate results, it was clear to us that the mothers needed, and took advantage of the meeting time, to ventilate the stressful events of their immediate lives. For several of the mothers this group session opened up flood gates of their troubles. Our final conclusions about this topic was that the mothers definitely need portions of the group meeting time for personal-sharing, and that group leaders can be helpful, first, in calling attention to stress related situations and, second, in encouraging the mothers' understanding of stress and the use of exercises to reduce its physical symptoms.

As mentioned above, we also discovered some limitations of using "role-playing" as a teaching tool in groups with developmentally disabled mothers. We tried in several meetings to structure role-playing exercises on the topic of disciplining children. A highly structured model of enacting role-playing was first planned for these meetings (Wohlking, 1976). Group leaders were prepared to: 1) introduce the role-play situation, trying to warm the mothers up to doing it; 2) steer the enactment of the role-playing; and 3) facilitate a discussion of how the role-play situation was handled by the actors involved. The role-play situations on children's discipline centered on circumstances or scenes where a mother discovers that her children are involved in one kind or another of mischievous or inappropriate behavior. The mother,

or role enactor, is to demonstrate how she would respond to the situation. Our assumption was that the more structured the role-play, the less that could go wrong.

That assumption turned out to be false. First, several mothers had difficulty understanding the idea of pretending to be someone else. As one mother remarked, "I don't like lying." When one group leader, who did not have children of her own, participated in the role-play as a mother, one of the mothers commented on her role-play by saying, "That's not true, you don't have any children." These responses, generally from the more developmentally disabled mothers, made it difficult for the group leader to maintain the focus of the role-play discussion on the techniques of handling discipline situations. It was reassuring to us that other leaders of parent groups for developmentally disabled mothers have made similiar observations about role-playing (Clark, 1982).

While the structured role-play group activity had it's difficulties, we did observe in a latter meeting how one women, brought in from the local cooperative extension to talk about discipline, was able to hold the mothers' attention and interest by using the more informal spontaneous type of role-playing technique (Wohlking, 1976). At various points in her presentation, she would go into an entertaining but effective imitation of a child's inappropriate behavior and words, and simultaneously confront the mothers in group to respond directly to the child-like actions she was imitating. She was able to skillfully move in and out of her role-play while keeping the mothers attention to the topic and controlling any mother's attempt to side track the discussion. She illustrated for us that the spontaneous, as contrasted with the highly structured, role-play, is more effective with mothers with developmental disabilities.

CONCLUSION

The group activities described above were largely experimental in adapting existing parenting education materials to the learing styles and capabilities of mothers with developmental disabilities. Although the activities both succeeded and failed in different respects of concept and implementation, the process of developing the activities with the Salvation Army group leaders raised for the author two concerns about future programmatic efforts of this kind.

The first concern is the state-of-the-art for instructional development of parent education for parents with developmental disabilities. In this project we learned much about how parenting and child development information should be presented in order to hold the mothers' interest and how to have an impact on her attitudes and approach to parenting problems. We found that abstract concepts, like stress management and self-esteem, when presented directly to the mothers do not have immediate results of helping the mothers to better understand their feelings or emotions. The mothers are more likely to take interest and try to apply information that is more directly connected to the concrete problems of their every day lives as parents.

For this reason then, an instructional objective involving an abstract concept would have a better chance for success in the design of a activity if it is approached by building the concept into an instructional objective dealing with a more concrete subject. For example, self-esteem enhancement would have more tangible meaning for the mothers if it is woven into an instructional objective for a group activity such as personal hygiene. Stress management exercises would have more potential for application if introduced as helpful hints in coping with children's behavior or marital relationships.

Although to special educators this may seem to be obvious and basic to instructional principles of working with perons with learning disabilities, I do not believe it has been applied to the development of group activities for persons with developmental disabilities.

From the recent literature cited here, it is clear that the fields of special education, developmental psychology and social work are paying more attention to the special educational needs of adults with developmental disabilities. But to my knowledge there are two areas ripe for future work. First, basic educational research is needed to develop and test special instructional models and principles for adapting parent education curriculum and materials to the learning styles of parents with disabilities. Clark (1982) has made this same suggestion in her recent paper. She sees that we could make progress in this area if we begin applying Piagetian theory to research questions about the learning styles of adults with developmental disabilites. Her point is that if Piagetian theory has been fruitfully applied to understanding the cognitive functioning of young children and adolescents, it is certainly worth the effort to explore this as a new application to adults. Another area for future work is the development of training programs for group leaders who want to specialize in working with groups of parents with developmental disabilities. We have a good start in curriculum and training materials, but the funding, organization, and implementation of such training programs appear to be open areas.

The second concern I want to address in this conclusion relates to the agency setting for parent educational programs for the disabled. As mentioned earlier, the parent group program discussed in this paper is located in a private family service agency with a purchase of service agreement with the county to provide group and case work services for families at risk of abusing

or neglecting their children. Many of the mothers in groups have some or all of their children in foster care. These mothers periodically face foster care review hearings to determine whether their children should be returned home, continue in foster care, or whether proceedings are to be initiated to terminate parental rights to their children. Although the mother's participation in the group program is voluntary from the agency's standpoint, the mother's referral by family court makes group participation and regular attendance at meetings an important factor in the court's decision to return the child home. The parent group leaders in this agency also have casework responsibilities for each mother in group. They conduct home visits, provide individual counseling to the mothers, intervene during family crises, participate in interagency case management and service coordination meetings, and occasionally are subpoenaed by family court to testify in foster care review and termination of rights proceedings.

The circumstances surrounding each mother's relationship with family court and child welfare services, as well as the group leaders role in these circumstances, are not easily separated from the parent education activities of the groups. Often topics of mothers' personal sharing in group meetings focus on their immediate status with family court and child foster care workers. Thus, the dual roles of group leader and child welfare caseworker are often brought into conflict in the parent group setting. The mothers do not differentiate the two roles; consequently, group leaders are occasionally challenged by individual mothers during group activities to respond not as parent educators but as caseworkers intrically connected to their struggles to keep their children or to get them out of foster care. Often these challenges undermine the effectiveness of the group leader in carrying out planned activities and achieving parent education objectives for a particular group

meeting. Furthermore, the dual roles of group leader and caseworker put stress on the agency worker to delicately manage the "moving-in" and "moving-out" of each role in the course of working with a caseload of mothers. More important though, the mothers in group begin to question among themselves the confidentiality of what they say in group. Will what they say about their problems of being a parent be used against them in family court proceedings?

Mental health professionals have often faced this problem of confidentiality with court-referred clients. Popiel (1980) reports that psychological counselors and therapists have successfully managed this problem in several ways. First they explicitly inform clients of the limits on confidentiality, such as not having professional rights to privileged client communication. Second, they involve clients in defining the relationship between therapist and the referring court or institution. That is, they engage the client in dealing with the requests of referring institutions to the therapist for information or assessments on the client. And last, they establish a dichotomy between treatment and information. A clear distinction is made to the client about what activities related to their involvement with the agency constitutes treatment and guarantees confidentiality with a therapist, and what activities represent the need of the agency to make assessments of clients' progress and to report information to referring institutions. All three of these suggestions can be directly applied to the circumstances of family service agencies offering parent education to mothers who are also clients of the child welfare system.

This last cautionary point about confidentiality in parents groups with child welfare clients should not be carried further to the conclusion that parent education programs for parents with developmental disabilities should only be located in agencies which are more organizationally independent from

child welfare agencies. To do so would likely mean that the parents with developmental disabilities who have the greatest need for support and information would be the least likely to receive the service. It is mainly the parents who come to the attention of child protective services and family court who most need special information and group support in their efforts to have a normal family life.

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